# APPLICATION FOR EMPLOYMENT (PLEASE PRINT)

We consider applicants for all positions without regard to race, color, religion, creed, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Position (s) applied for:				Date of Application:				
How d	lid you learn about us? (Ch	eck all that ap	ply)					
	Advertisement	Frie	nd			Walk In		
	Employment Agency	Rela	ative			Other:		
Person	nal Information					-		
Last Name First Name				Middle Name				
Addres	SS S	I		City		State	Zip (	Code
Teleph	one Number (s)		S	Social Security Number				
If you are under 18 years of age, can you provide required proof of your Eligibility to Work?YESNO  Have you ever filed an application with us before?YESNO  If yes, give dateYESNO  If yes, give date (s)YESNO								
Are you currently employed?					YI	ES	NO	
May we contact your present employer					YI	ES _	NO	
Are you prevented from lawfully becoming employed in this country  Because of Visa or Immigrant Status?  (Proof of citizenship or immigration status will be required upon employment) YES NO								
On what date would you be available for work?								
Are you available to work?								
Are you currently on "lay-off" status and subject to recall?				YI	ES	NO		
Can you travel if a job requires it?					YI	ES	NO	

## **EDUCATION**

	Name and address of School	Cours	se of Study	Years Completed	Diploma Degree			
Elementary School								
High School								
Undergraduate College								
Graduate								
School								
Other (Specify)								
	Indicate any foreign languages	you ca	in speak, read, and / or	write.				
	Fluent		Good		Fair			
Speak								
Read								
Write								
Describe any job-related training received in the Untied States Military.								
Employment Experience  Job Number (1)								
Employer	Date Employed		Date Employed To:	Work Performed				
Address	1							
Telephone Number (s)		Hou	Hourly Rate / Salary					
· · · · · · · · · · · · · · · · ·			,					
Job Title		Supervisor						

## **Employment Experience**

#### Job Number (2)

Employer	Date Employed From:	Date Employed To:	Work Preformed			
Employer	Bute Employed From:	Bute Employed 16.	WORK I TOTOTHICK			
Address						
Telephone Number (s)	Hou	Hourly Rate / Salary				
Job Title	Suna	Commission				
300 1100	Бирс	Supervisor				
Reason for Leaving:						
	Job Number	(3)				
Employer	Date Employed From:	Date Employed To:	Work Performed			
Employer	Date Employed From:	Date Employed 10.	work refronted			
Address						
Telephone Number (s)	Hour	Hourly Rate / Salary				
Job Title	Supe	Supervisor				
Job Title	Бирс	Supervisor				
Reason for Leaving:						
(If you need additional space, please continue on separate paper.)						
List professional trade business or civic activities and offices held.						
(You may exclude memberships that reveal gender, race, religions, national origin, age, ancestry, disability or other protected status.)						

#### **ADDITIONAL INFORMATION**

Other Qualifications: Summarize special job-related skills	and qualifications acquired from employment or other experience.
State any additional information you	a fell may be helpful to us in considering your application.
	OT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN UIREMENTS OF THE JOB FOR WHICH YOU ARE
	reasonable manner, with or without reasonable accommodations, the apation for which you have applied? A description of the activities is attached. YESNO
	REFERENCES NUMBER (1)
Name	Phone Number
Address	
	NUMBER (2)
Name	Phone Number
Address	L
- 22	
	NUMBER (3)
Name	Phone Number
Address	L

You are not required to complete Agency requirements for fair emportion of the form, will not be us	oloyment and Aff	irmative Action pract	tices. This information or y			
Name (printed)		Name (signed)				
Position (s) Applied for						
Birthday	Age		Male	Female		
Race: American Indian	Asian Hispanic _		African America	n Caucasian		
Are you a Vietnam Veterar	n covered by t	the Vietnam Era	Veteran's Act of 1974	4? YES NO		
Please describe below any	job-related di	sability you may	have and suggested a	ccommodations:		
Vietnam War, and minorities an information. Identifying a job re to enable you to property and supervisors, first aid personnel	ative action to be defended. If you clated disability parfer to and government apany in compilir	e taken to employ que are within one of provides information the job(s) you seek officials under certaing applicant flow info	these groups, YOU ARE concerning proper placement. This information is conin circumstances. All apportation. THIS INFORMA	cal or Mental Disabilities.  ans, veterans who served during the INVITED TO VOLUNTEER, this ent and appropriate accommodations affidential, but may be disclosed to discants are invited to disclose their ATION, OR YOUR WILLINGNESS		
of this information.	al records, medical or public employeerning the matter	al records, military an yees or local, state or ers described herein, a	ding but not limited to, read selective service records federal agencies to provide and I will cooperate to the e	or any local, state or federal e the Town of Ashley any extent necessary to obtain the release		
	ion of emotional	distress, invasion of p	orivacy, or interference with	, causes or actions, including., but h contractual relations that I might ny provider of such information.		
I have read this authorization and	release of all cla	ims, and I expressly a	agree to the terms set out he	erein.		
Please Print your Full Nam	ne					
Social Security Number						
Drivers License Number _						
Signature				Date		